

| Category | Generic Name * | Brand | Formulary | Restrictions** |
|-------------------------|---------------------------------|-------------------|-----------|------------------------------|
| | Haloperidol, oral, injection | Haldol | yes | |
| | Decanoate | Haldol Dec | yes | |
| | Iloperidone | Fanapt | PA | |
| | Loxapine | Loxitane | yes | |
| | Lurasidone | Latuda | yes | |
| | Olanzapine oral tab | Zyprexa | yes | QL2 for 15mg, QL1 for others |
| | disc melt, injection, oral soln | Zyprexa Zydis | PA | CA |
| | Paliperidone oral tab | Invega | PA | CA |
| | monthly injectable | Invega Sustenna | PA | CA |
| | 3-month injectable | Invega Trinza | PA | |
| | Perphenazine | Trilafon | yes | |
| | Pimozide | Orap | yes | |
| | Quetiapine 25mg,50mg | Seroquel | yes | CA, QL2 |
| | Quetiapine XR 50mg,150mg,200mg | Seroquel XR | yes | CA, QL1 |
| | Quetiapine all other oral tab | Seroquel | yes | CA |
| | Risperidone oral tab, oral soln | Risperdal | yes | CA |
| | disc melt | | PA | CA |
| | long-acting injectable | Risperdal Consta | PA | CA |
| | Thiothixene | Navane | yes | |
| | Thioridazine | Mellaril | yes | |
| | Trifluoperazine | Stelazine | yes | |
| | Ziprasidone oral tab | Geodon | yes | CA |
| | injection, oral soln | | PA | CA |
| ADHD Medications | | | | |
| | Amphetamine Salt, IR, XR | Adderall | yes | Code 1 for IR* |
| | Atomoxetine | Strattera | yes | |
| | Dexmethylphenidate, IR, XR | Focalin | PA | |
| | Dextroamphetamine, IR, ER | Dexedrine | yes | Code 1 for IR* |
| | Guanfacine, IR, ER | Tenex, Intuniv | yes | |
| | Lisdexamfetamine | Vyvanse | yes | |
| | Methylphenidate, IR, SR ,LA | Ritalin, Concerta | yes | Code 1 for IR* |
| | Pemoline | Cylert | PA | |
| | All other stimulants | | PA | |
| Mood Stabilizers | | | | |
| | Carbamazepine, IR and XR | Tegretol | yes | |
| | Lamotrigine | Lamictal | yes | |
| | Lithium, all forms | Various | yes | |
| | Divalproex, regular and ER | Depakote | yes | |
| | Oxcarbazepine | Trileptal | yes | |
| | Valproic Acid | Depakene | yes | |
| Hypnotics | | | | |
| | Chloral Hydrate | Noctec | yes | DS |
| | Eszopiclone | Lunesta | yes | DS |
| | Flurazepam | Dalmane | yes | DS |
| | Melatonin | | yes | |
| | Ramelteon | Rozerem | yes | DS |
| | Temazepam | Restoril | yes | DS |
| | Suvorexant | Belsomra | PA | |
| | Zaleplon | Sonata | yes | DS |
| | Zolpidem | Ambien | yes | DS |
| | controlled release | Ambien CR | PA | DS |
| GI Agents | | | | |
| | Dicyclomine | Bentyl | yes | |
| | Bethanecol | Urecholine | yes | |
| | Bisacodyl | Dulcolax | yes | |
| | Docusate Sodium | Colace | yes | |
| | Kapectate | | yes | |
| | Lactulose | | yes | |
| | Maalox / Mylanta | | yes | |

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|--|---|---------------------|-----------|-----------------------------|
| | Meclizine | Antivert | yes | |
| | Metamucil | | yes | |
| | Metoclopramide | Reglan | yes | |
| | Oxybutynin | Ditropan | yes | |
| | Prochlorperazine | Compazine | yes | |
| | Promethazine | Phenergan | yes | |
| | Senokot | | yes | |
| Miscellaneous | | | | |
| | Acamprosate | Campral | yes | |
| | Atropine tablets | Sal-tropine | yes | |
| | Clonidine, oral | Catapres | yes | |
| | Disulfiram | Antabuse | yes | |
| | Folic Acid | Various | yes | |
| | Gabapentin | Neurontin | yes | |
| | Levothyroxine | Levothroid | yes | |
| | Liothyronine | Cytomel | yes | |
| | Metoprolol | various | yes | |
| | Modafinil | Provigil | PA | |
| | Multivitamin | Various | yes | |
| | Naloxone injection | Narcan | yes | |
| | nasal spray | Narcan | yes | |
| | Naltrexone oral | ReVia | yes | |
| | injection | Vivitrol | PA | |
| | Nicotine, gum, lozenges, patches | Nicorette, Habitrol | yes | 14 wks supply per 12 months |
| | Prazosin | Minipress | yes | |
| | Propranolol | Inderal | yes | |
| | Pyridoxine (B6) | Various | yes | |
| | Thiamine (B1) | Various | yes | |
| | Topiramate | Topamx | yes | |
| | ER or Sprinkle | | PA | |
| | Varenicline | Chantix | PA | |
| | Vitamin E | Various | yes | |
| | | | | |
| * Automatic generic substitution. Brand products require PA if generic available. | | | | |
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| | ** Restrictions: | | | |
| | CA--PA and BPRS required for Concurrent Atypicals. | | | |
| | Code 1 for IR*--Immediate release formulations for age 4-21 | | | |
| | DS--60 day supply per Rx. | | | |
| | QL1-one pill per day per strength Quantity Limit. | | | |
| | QL2-two pills per day per strength Quantity Limit. | | | |
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| | updated 1/8/2018 | | | |